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Bib Data Sheet

CONFIRMATION NO. 8615

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| SERIAL NUMBER 10/646,357 | FILING OR 371(c) DATE 08/22/2003 RULE | CLASS 601 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. E100.12.12 |
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APPLICANTS

Craig N. Hansen, Plymouth, MN;
Lonnie J. Helgeson, New Prague, MN;

** CONTINUING DATA *****

This application is a CIP of 09/902,471 07/10/2001 PAT 6,676,614 * (*)Data provided by applicant is not consistent with PTO records.

Corrected - new Oath

** FOREIGN APPLICATIONS *****

None do

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/14/2004

** SMALL ENTITY **

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|---------------------------------|--|------------------------|---------------------|------------------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 6 | TOTAL CLAIMS <i>41 39</i> | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | <i>Anil S. Hansen</i> Examiner's Signature | Initials | | | |

ADDRESS

Richard John Bartz
Southdale Office Centre
Suite 350
6750 France Avenue South
Edina, MN55435

TITLE

Respiratory vest with inflatable bladder

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|----------------------------|---|---|
| FILING FEE RECEIVED 682 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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